



37388

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/002,595
		Filing Date	November 1, 2001
		First Named Inventor	SIRHAN, MOTASIM
		Art Unit	3738
		Examiner Name	Phan, Hieu
Total Number of Pages in This Submission	4	Attorney Docket Number	020460-001600US

<b>ENCLOSURES (Check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter			
		<input checked="" type="checkbox"/> Other Enclosure(s) <b>NOV 03 2003</b> <i>(please identify below):</i> TECHNOLOGY CENTER R3700 Return Postcard PCT Search Report Cited Reference			
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		Remarks			
		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			
		<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
		Firm or Individual	Townsend and Townsend and Crew LLP Nena Bains		Reg. No. 47,400
		Signature			
		Date	Oct. 23, 2003		

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Landon Clark		
Signature		Date	10-24-03

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# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 P E  
 OCT 28 2003  
 U.S. PATENT & TRADEMARK OFFICE

 Applicant claims small entity status. See 37 CFR 1.12.

**TOTAL AMOUNT OF PAYMENT** (\$ 180)
*Complete if Known*

Application Number	10/607,836
Filing Date	June 27, 2003
First Named Inventor	Bhat, Vinayak D.
Examiner Name	Unassigned
Art Unit	3738
Attorney Docket No.	020460-001691US

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number: 20-1430

Deposit Account Name: Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

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 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Fee from below	Fee Paid
Total Claims	**	=	
Independent Claims	**	=	
Multiple Dependent		X	

**Large Entity**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - provable	
1453	1,330	2453	655	Petition to revive - unintentional	
1501	1,330	2501	655	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Technology Center	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$180)

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SUBMITTED BY					
Name (Print/Type)	Nena Bains	Registration No. (Attorney/Agent)	47,400	Telephone	415-576-0200
Signature				Date	Oct. 23, 2003

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On 10-24-03



TOWNSEND and TOWNSEND and CREW LLP

By: London Clark

**PATENT**  
Attorney Docket No.: 020460-001600US  
Client Reference No.: 240.90

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

SIRHAN, Motasim et al.

Application No.: 10/002,595

Filed: November 1, 2001

For: DELIVERY OF THERAPEUTIC  
CAPABLE AGENTS

Examiner: Phan, Hieu

Art Unit: 3738

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98**

#14

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TECHNOLOGY CENTER R3700

Commissioner for Patents  
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Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references are enclosed.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

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representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Nena Bains  
Reg. No. 47,400

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
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Substitute for form 1449B/PTO

INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of	1	Attorney Docket Number	020460-001600US
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## U.S. PATENT DOCUMENTS+

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	0001	US-5,725,567	03-10-1998	Wolff et al.	
	0002	US-3,705,948	12-12-1972	Dyke et al.	
	0003	US-3,705,894	12-12-1972	Gerzon et al.	
	0004	US-3,777,020	12-04-1973	Johnson	
	0005	US-3,880,995	04-29-1975	Jones	
	0006	US-3,868,454	02-25-1975	Johnson	
	0007	US-3,903,071	09-02-1975	Holmes	
	0008	US-3,993,749	11-23-1976	Sehgal et al.	
	0009	US-4,115,197	09-19-1978	Queener et al.	
	0010	US-4,234,684	11-18-1980	Abbott et al.	
	0011	US-6,107,052	08-22-2000	Dorn	
	US-				

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## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>2</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>				

## NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	0012	MOHACSI et al., "Different inhibitory effects of immunosuppressive drugs on hyman and rat aortic smooth muscle and endothelial cell proliferation stimulated by platelet-derived growth factor or endothelial cell growth factor" <i>J Heart and Lung Transplant</i> , 16:484-491 (1997). <b>0</b>	
	0013		
	0014		

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.